



New Jersey Department of Environmental Protection  
Site Remediation Program

**FULL LABORATORY DATA DELIVERABLES FORM**

☐ LSRP

☐ Subsurface Evaluator

Date Stamp  
(For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_

List all AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Boro or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_ Case Tracking Number(s): \_\_\_\_\_

**SECTION B. NJDEP CASE MANAGER**

Do you have an assigned Case Manager?..... ☐ Yes ☐ No

If "Yes," please list the Case Manager: \_\_\_\_\_

**SECTION C. REMEDIAL PHASE**

☐ Immediate Environmental Concern

☐ Preliminary Assessment Report

☐ Site Investigation Report

☐ Remedial Investigation/Remedial Action Work Plan

☐ Remedial Action Report

☐ Response Action Outcome

**SECTION D. Matrix Type/Analysis and Number of Samples**

☐ Potable Well Water.....# of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method(s) \_\_\_\_\_

☐ Indoor Air.....# of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method \_\_\_\_\_

☐ Polychlorinated dibenzo-p-dioxins/polychlorinated dibenzofurans # of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method \_\_\_\_\_

☐ Hexavalent chromium soil sample .....# of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method \_\_\_\_\_

☐ Other \_\_\_\_\_ # of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method \_\_\_\_\_

☐ Other \_\_\_\_\_ # of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method \_\_\_\_\_

☐ Other \_\_\_\_\_ # of samples: \_\_\_\_\_ Sampling Date: \_\_\_\_\_  
Analytical Method \_\_\_\_\_

**SECTION E. GENERAL**

1. Was a full laboratory data deliverables package provided?..... ☐ Yes ☐ No

2. Was a certified laboratory(s) used for the analyses?..... ☐ Yes ☐ No

Provide name of laboratory(s): \_\_\_\_\_

3. Were data summaries provided for all samples?..... ☐ Yes ☐ No

4. Were electronic deliverables submitted?..... ☐ Yes ☐ No

5. For air sample data, were the TO-15 Conversion Tables (hit-lists) provided on disc in the  
appropriate Excel format pursuant to the VIG?..... ☐ Yes ☐ No

**Section F. Data Quality Assurance/Quality Control**

1. Were the appropriate sample preservation requirements met? ..... ☐ Yes ☐ No
2. Were appropriate sample holding times (for both extraction/sample preparation and analysis) met? ..... ☐ Yes ☐ No  
If "No," provide a brief explanation.
3. Were the samples diluted? ..... ☐ Yes ☐ No  
Indicate the identity of the samples and why.
4. If applicable, did sample dilutions result in elevated reporting limits that exceed applicable standards?.. ☐ Yes ☐ No  
If "Yes," list the affected samples.
5. Were any applicable standards exceeded for any samples? ..... ☐ Yes ☐ No  
If "Yes," include the number of samples and laboratory sample identification numbers.
6. Were the laboratory reporting limits below the applicable remediation standards/criteria required for the site? ..... ☐ Yes ☐ No  
If "No," provide a brief explanation of action taken.
7. Were qualifications noted in the non-conformance summary? ..... ☐ Yes ☐ No  
Provide a brief explanation.
8. Were qualified data used? ..... ☐ Yes ☐ No
9. Were rejections noted in the non-conformance summary? ..... ☐ Yes ☐ No  
Provide a brief explanation.

10. Were rejected data used? ..... ☐ Yes ☐ No

If "Yes," please indicate reasons rejected data were used:

☐ For Hex Chrome, data were rejected because spike recovery was less than 50%.

☐ Data were rejected due to missing deliverables.

☐ Data were rejected but an applicable standard exceedance exists.

☐ Data were rejected in an early phase of a remediation; however, additional sampling and analysis are scheduled to be performed.

☐ Other reasons not noted directly above. Explain:

11. Were the quality control criteria associated with the compounds of concern at the site met? ..... ☐ Yes ☐ No

12. Were the QC Summary Forms reviewed? ..... ☐ Yes ☐ No

13. Surrogate recoveries acceptable ..... ☐ Yes ☐ No

14. Internal Standards acceptable ..... ☐ Yes ☐ No

15. MS/MSDs acceptable ..... ☐ Yes ☐ No

16. Tune summaries acceptable ..... ☐ Yes ☐ No

17. Calibration summaries acceptable ..... ☐ Yes ☐ No

18. Serial dilutions acceptable ..... ☐ Yes ☐ No

19. Inorganic duplicates acceptable ..... ☐ Yes ☐ No

20. LCS recovery acceptable ..... ☐ Yes ☐ No

21. Other QC acceptable? ..... ☐ Yes ☐ No

Provide a brief explanation if applicable:

## SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_ **No Changes Since Last Submittal** ☐

## SECTION H. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:*

**[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:**

- ☐ *directly oversaw and supervised all of the referenced remediation, and/or*  
☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

*I believe that the information contained herein, and including all attached documents, is true, accurate and complete.*

*It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.*

*My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LSRP Name/Title: \_\_\_\_\_

**No Changes Since Last Submittal** ☐

Company Name: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

## SECTION I. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM

### Certification by the Subsurface Evaluator:

*I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.*

Name: _____	UST Cert. No.: _____
Firm: _____	Firm's UST Cert. Number: _____
Firm Address: _____	
City/Town: _____	State: _____ Zip Code: _____
Phone Number: _____	Ext: _____ Fax: _____
Signature: _____	Date: _____
<b>No Changes Since Last Submittal</b> <input type="checkbox"/>	

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